CQUIN criteria

Description

Achieving **90% of antibiotic prescriptions** for lower UTI in older people meeting **NICE guidance** for lower UTI (NG109) and **PHE Diagnosis of UTI guidance** in terms of diagnosis and treatment.

Numerator

Of the denominator, the number where the 4 audit criteria for diagnosis and treatment following PHE UTI diagnostic and NICE guidance (NG109) are met and recorded:

1. Diagnosis of lower UTI based on documented clinical signs or symptoms

2. Diagnosis excludes use of urine dip stick

3. Empirical antibiotic prescribed following NICE Guideline (NG109)

4. Urine sample sent to microbiology

Denominator

Total number of antibiotic prescriptions audited for all patients, aged 65+, with diagnosis of lower Urinary Tract Infection*
*relevant procedural coding is available in supporting guidance.

Exclusions

Recurrent UTI where management is antibiotic prophylaxis, pyelonephritis and catheter associated UTI

- Exclusions include IV antibiotics first, any fever, sepsis (NEWS2 ≥5)

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Considering UTI in a patient ≥65yrs? (NOT catheterised)

Do not perform urine dipsticks for the diagnosis of UTI in >65yrs

Dipsticks become more unreliable with increasing age. Up to half of older adults will have bacteria in the urine without an infection (asymptomatic bacteriuria).

Symptoms and signs of upper UTI / pyelonephritis, including sepsis screening

- Flank pain
- Costovertebral angle tenderness
- Rigors, or fever of ≥38.1c
- Vomiting
- Lower UTI symptoms plus an NEWS2 of ≥5

Any present → **Upper UTI**

- Send pre-treatment labelled MSU in red-top bottle for MC&S*
- Assess according to NUH High Risk Red Sepsis guide
- Take 2 sets of blood cultures prior to antibiotics
- Check previous urine culture results
- Start antibiotics according to 'Upper UTI' guidance on p11

None present ↓

Symptoms and signs of lower UTI / cystitis

- new onset dysuria alone

OR two or more:

- new frequency or urgency
- new / worse incontinence
- new suprapubic pain
- visible haematuria
- new or worsening delirium

Yes → **Lower UTI**

- Send pre-treatment labelled MSU in red-top bottle for MC&S*
- Check previous urine culture results
- Start antibiotics according to 'Lower UTI' guidance on p6

* Urine samples sent in red top containers must have a minimum volume of 10ml to provide sufficient sample for testing.
If <10ml urine, please send in a white top container. All samples should be sent to the lab immediately.

No ↓

- If delirium without localising urinary symptoms, consider and investigate for other possible causes of symptoms. See NUH Delirium guideline.
- Check WCC and CRP for supportive evidence of infection.
- If no alternative cause for symptoms is found, and UTI is felt to be the most likely cause, send an MSU in red-top bottle. In stable patients without evidence of sepsis, wherever possible antibiotics should be chosen according to culture and sensitivity results (use options for Lower UTI on page 6)
- NOTE: Positive urine culture does not distinguish between asymptomatic bacteriuria and UTI: clinical correlation is required prior to prescribing antibiotics.